

METROPOLITAN DADE COUNTY
RECORD OF COUNSELING

Employee Name _____ Date _____

Classification _____ Date of Hire _____ SS# _____

Department _____ Division _____ Area _____

Employee Status:

☐ Permanent ☐ Probational ☐ Other

Supervisor / Date

Employee / Date

DISTRIBUTION: White copy to Employee — Green to Personnel Division — Yellow to Division File

RECORD OF COUNSELING

This form is intended to provide a documented history of all FORMAL counseling sessions between supervisors and an employee. It is not necessary to include on this form the informal counseling a supervisor will routinely give an employee concerning performance improvement.

A formal counseling session should involve a discussion of applicable standards and policies. The employee's deviations from these standards should also be discussed and a time frame for correction and review should be set.

1. The form should indicate the date and nature of the discussion, specifically setting forth the standards and policies to be followed and the nature and the dates of the employee's deviations. The time frame for correction and review which is set during the formal counseling session should be indicated.
2. Both the supervisor and the employee should sign the form after the narrative description has been entered. Since this is a new form and procedure it should be explained to the employee and his representative that his signature indicates only that he has received a copy. Comments made by the employee may be noted by the supervisor.
3. A separate form must be used for each Formal Counseling session. In each instance the form may be complete prior to the discussion with the employee; however, comments may be added by the supervisor and, if necessary, the form may be prepared after an interview.
4. A copy of the completed form should be sent to the Personnel Division, a copy kept in the division files and a copy given to the employee.